

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on June 9, 2003.

## **I. DISPUTE**

Whether there should be reimbursement for CPT Codes 99213-MP, 97250, 97014, 97035, and 97010 for dates of service June 5, 2002 through June 21, 2002.

## **II. FINDINGS**

Per Rule 133.305(d)(1) dates of service June 5, 2002 through June 7, 2002 are outside the one-year filing deadline and outside the jurisdiction of Medical Dispute Resolution and cannot be reviewed.

## **III. RATIONALE**

The insurance carrier denied CPT codes 97250, 97014, and 97010 as “N – Payment is reduced/denied because doc does not address the amt of time spent on therapies or indiv. needs or reaction to trmt & plan of care”; and /or “N – Payment is reduced/denied because doc does not address which body part, if ore than one, amt of time area was mfr performed”; and/or “N – Payment is reduced/denied because doc does not address which body area for how long & may be 0 “R” as shoulder is not compensible”. A review of the Commission database reveals a TWCC-21 has not been filed disputing compensability/extent. The above listed CPT codes are not timed codes. Therefore, the dispute will be reviewed per “N – Not documented”.

- CPT Code 99213-MP for dates of service June 12, 2002 through June 21, 2002 denied as “N – Payment is reduced/denied because doc does not address doc required for this level”. Per the 1996 Medical Fee Guideline, Medicine Ground Rule (I)(B)(1) submitted relevant information supports documentation criteria. Reimbursement in the amount of \$288.00 (\$48.00 x 6) is recommended.
- CPT Code 97250 for dates of service June 12, 2002 through June 21, 2003. Per the 1996 Medical Fee Guideline, Medicine Ground Rule (I)(A)(9)(c) submitted relevant information supports documentation criteria. Reimbursement in the amount of \$258.00 (\$43.00 x 6) is recommended.

- CPT Code 97014 for dates of service June 12, 2002 and June 13, 2002 and June 19, 2002 through June 21, 2002. Per the 1996 Medical Fee Guideline, Medicine Ground Rule (I)(A)(9)(a)(ii) submitted relevant information supports documentation criteria. Reimbursement in the amount of \$75.00 (\$15.00 x 5) is recommended.
- CPT Code 97010 for dates of service June 12, 2002 through June 21, 2002. Per the 1996 Medical Fee Guideline, Medicine Ground Rule (I)(A)(9)(a)(ii) submitted relevant information supports the documentation criteria. Reimbursement in the amount of \$66.00 (\$11.00 x 6) is recommended.
- CPT Code 97035 for dates of service June 19, 2002 through June 21, 2002 denied as “N – Payment is reduced/denied because doc is unclear of what BA was treated & may be 0 “R” as shoulder is not compensable”. Review of the Commission database reveals no TWCC-21 has been filed disputing compensability. Per the 1996 Medical Fee Guideline, Medicine Ground Rule (I)(A)(9)(a)(iii) submitted relevant information supports the documentation criteria. Reimbursement in the amount of \$66.00 (\$22.00 x 3) is recommended.

#### **IV. DECISION & ORDER**

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor is entitled to reimbursement for CPT codes 99213-MP, 97250, 97014, 97035, and 97010 in the amount of \$753.00. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby ORDERS the Respondent to remit **\$753.00** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

The above Findings, Decision and Order are hereby issued this 23rd day of April 2004.

Marguerite Foster  
Medical Dispute Resolution Officer  
Medical Review Division

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